

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43244

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 6076	Registrar's No. 2904
1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) <i>Rural: AYNIA Township</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>ST. LOUIS</i>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JEWISH SANATORIUM</i>		d. STREET ADDRESS (If rural, give location) <i>1602A CLARA</i>		
3. NAME OF DECEASED (Type or Print) <i>HINDA</i>		b. (Middle) <i>WEITZMANN</i>		4. DATE OF DEATH (Month) <i>12</i> (Day) <i>1</i> (Year) <i>1950</i>
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>	8. DATE OF BIRTH <i>UNKNOWN</i>	9. AGE (In years last birthday) <i>AB. 85</i> If UNDER 1 YEAR: Months Days If UNDER 14 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>AT HOME</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>RUSSIA</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>UNK. PAYIS</i>		
13b. MOTHER'S MAIDEN NAME <i>CHARLOTTE (UNK)</i>		14. NAME OF HUSBAND OR WIFE <i>NATHAN</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>NO</i>		16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT'S SIGNATURE OR NAME <i>MRS. GOSSIE BRASLOFF</i>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bronchopneumonia</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>General Arteriosclerosis</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ADDRESS <i>1602A CLARA</i>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>Jan. 4</i> , 1944, to <i>Dec. 1</i> , 1950, that I last saw the deceased alive on <i>Sept. 1</i> , 1950, and that death occurred at <i>5:20 P. M.</i> , from the causes and on the date stated above.				
23a. SIGNATURE <i>Arley Simon M.D.</i>		23b. ADDRESS <i>Jewish Sanatorium, Fee Fee Road, Robertson, Mo.</i>		23c. DATE SIGNED <i>Dec. 1, 1950</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24b. DATE <i>12/3/50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>CHESED SHELENEH</i>
24d. LOCATION (City, town, or county) (State) <i>UNIVERSITY CITY, Mo.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>BERGER MEMORIAL</i>		
DATE REC'D BY LOCAL REG. <i>12/3/50</i>		ADDRESS <i>4715 MCPHERSON</i>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4229

P. O. Address \_\_\_\_\_

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.** (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.